

## PART B - FEE(S) TRANSMITTAL

plete and send this form, together with applicable fee(s), to: Mail
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

	JRRENT CORRESPONDENCE	]	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
]	SCHIFF HARDIN PATENT DEPART 6600 SEARS TOW										
	CHICAGO, IL 6060						(Depositor's name)				
	9/2006 DEMMANU2 00000062 10070701 C:1501 1400.00 OP					June 1		_	10 CK	(Signature)	
	APPLICATION NO. FILING DATE			FIRST NAMED INVE		OR	ATTORNEY	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
Щ.	10/070,701 07/02/2002			Johan Lidman			P02,0086		<u> </u>	9424	
	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICATION FEE	TOTAL	FEE(S) DUE		DATE DUE	
Щ.	nonprovisional	NO	<u>1</u> \$1400	<u>_</u>		\$0		\$1400		06/29/2006	
_							٦	1400		00/27/2000	
<u> </u>	EXAMINER		L	ART UNIT		ASS-SUBCLASS	J				
	DANG, DUY M 262  Change of correspondence address or indication of "Fee Address" (37					382-243000 ne patent front page,	<u>.</u>			<del> </del>	
P'	☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Schiff Hardin LL						
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
	LEASE NOTE: Unless a scordation as set forth in a NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO			e patent. If an assig an assignment. ITY and STATE OR		ied below, t	the documen	t has been filed for	
		Medical AB			fal						
Pleas	Please check the appropriate assignee category or categories (will not be printed on the patent): Individual 🚨 Corporation or other private group entity										
	Issue Fee			p. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.							
	☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
	a. Applicant claims SM	from status indicated above	37 CFR 1.27.			longer claiming SM					
NOT	E: The Issue Fee and Puest as shown by the recor	s requested to apply the Issi blication Fee (if required) v rds of the United States Pate	will not be accepted	d from anyone Office.	other th	an the applicant; a re	gistered attorn	ey or agent;	or the assign	nee or other party in	
	uthorized Signature	Steven	/ /	SCI	,	Date		13, 2			
	yped or printed name	Steven H. N	loll			Registration	No	28,98	5 2	<del></del>	
T					o obtain						